

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-676)**

SERIAL NO.

494956

FILING DATE

2-1-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL	IND.	2	IND.	2	IND.	2
TOTAL	DEP.	19	DEP.	12	DEP.	14

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL	IND.		IND.		IND.	
TOTAL	DEP.		DEP.		DEP.	